	PTO/SB/05 (4/98)
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Attor	ney Docket No.	NC 82,774	0
First	Inventor or App	lication Identifier Michael L. Picciolo	Td/
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PATENT APPLICATION TRANSMITTAL Only for new nonprovisional applications under 37 C.F.R. § 1 53(b) Express Mail Label No. APPLICATION ELEMENTS ADDRESS TO: **Box Patent Application** See MPEP chapter 600 concerning utility patent application contents. Washington, DC 20231 Fee Transmittal Form (e.g., PTO/SB/17) Microfiche Computer Program (Appendix) (Submit an original and a duplicate for fee processing) 6. Nucleotide and/or Amino Acid Sequence Submission [Total Pages 33 Specification (if applicable, all necessary) (preferred arrangement set forth below) Computer Readable Copy Descriptive title of the Invention Paper Copy (identical to computer copy) - Cross References to Related Applications b. - Statement Regarding Fed sponsored R & D Statement verifying identity of above copies C. - Reference to Microfiche Appendix ACCOMPANYING APPLICATION PARTS - Background of the Invention - Brief Summary of the Invention Assignment Papers (cover sheet & document(s)) - Brief Description of the Drawings (if filed) Power of 37 C.F.R.§3.73(b) Statement - Detailed Description (when there is an assignee) Attorney - Claim(s) English Translation Document (if applicable) - Abstract of the Disclosure Copies of IDS Information Disclosure [Total Sheets Citations Drawing(s) (35 U.S.C. 113) Statement (IDS)/PTO-1449 Preliminary Amendment Oath or Declaration Return Receipt Postcard (MPEP 503) Newly executed (original or copy) 12. (Should be specifically itemized) Copy from a prior application (37 C.F.R. § 1.63(d)) Small Entity Statement filed in prior application, (for continuation/divisional with Box 16 completed) Statement(s) Status still proper and desired (PTO/SB/09-12) **DELETION OF INVENTOR(S)** Certified Copy of Priority Document(s) Signed statement attached deleting (if foreign priority is claimed) inventor(s) named in the prior application, see 37 C.F.R. §§ 1.63(d)(2) and 1.33(b) 15. Other: NOTE FOR ITEMS 1 & 13: IN ORDER TO BE ENTITLED TO PAY SMALL ENTITY FEES, A SMALL ENTITY STATEMENT IS REQUIRED (37 C.F.R. § 1.27), EXCEPT IF ONE FILED IN A PRIOR APPLICATION IS RELIED UPON (37 C.F.R. § 1.28). 16. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment: of prior application No. Continuation-in-part (CIP) Divisional Continuation Group / Art Unit: Prior application information. Examiner For CONTINUATION or DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 4b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when the submitted application parts. NO MODRESS CORRE 26384 Correspondence address below Customer Number or Bar Code Label (Insert Customer:No.Tex.Attack bar gede label here) Name III Code 1008.2, Naval Research Laboratory Address 4555 Overlook Ave., S.W. \Box 20375-53**23** D.C. Zip Code Washington State City 202-404-7380 Fax Telephone USA Country 36,182 Registration No (Attorney/Agent) Name (Pnnt/Type) John J. Karasek

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Box Patent Application, Washington, DC 20231

Date



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FEE TRANS	SWILLAL	Application Number	not yet assigned		
for FY 2	2001	Filing Date			
101112	-001	First Named Inventor	Michael L. Picciolo		
Patent fees are subject to	annual revision	Examiner Name	not yet assigned		
	 	Group Art Unit	not yet assigned		
TOTAL AMOUNT OF PAYMENT	(\$) 942.00	Attorney Docket No.	82,774		

METHOD OF PAYMENT			FEE CALCULATION (continued)					
The Commissioner is hereby authorized to charge			3. ADDITIONAL FEES					
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	small entity status	1	147 2,520 147 2,520 For filing a request for ex parte reexamination					
2. Payment En		- ¹	112 920* 112 920*Requesting publication of SIR prior to Examiner action					
2. Payment Enclosed: Check Credit card Money Order Other		er 1	113 1,840* 113 1,840* Requesting publication of SIR after Examiner action					
FF	E CALCULATION	1	115 110 215 55 Extension for reply within first month					
1. BASIC FILING I		— ₁	16 390 216 195 Exten	sion for reply wi	thın second	month		
Large Entity Small		1	17 890 217 445 Exten	sion for reply wi	thin third m	onth		
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106 320 206 160	710	⊢۱ ا	119 310 219 155 Notice of Appeal					
107 490 207 245		┥┃ᅧ	120 310 220 155 Filing a brief in support of an appeal					
	Reissue filing fee	⊣ ∣	121 270 221 135 Request for oral hearing					
114 150 214 75Provisional filing fee		╗╽╵	138 1,510 138 1,510Petition to institute a public use proceeding					
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	SUBTOTAL(I) \$ 710	¹	141 1,240 241 620 Petition to revive - unintentional					
2. EXTRA CLAIM FEES			142 1,240 242 620 Utility issue fee (or reissue)					
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Total Claims 24			144 600 244 300 Plant issue fee					
Independent 5 Claims	- 3* = 2 x 80 160		122 130 122 130 Petitions to the Commissioner					
Multiple Dependent	<u> </u>	—	123 50 123 50 Petitions related to provisional applications					
			126 240 126 240 Submission of Information Disclosure Stmt					
Large Entity Small Entity Fee Fee Fee Fee Fee Description			581 40 581 40 Recording each patent assignment per property (times number of properties)					
Code (\$) Code (\$) 103 18 203 9 Claims in excess of 20			146 710 246 355 Filing a submission after final rejection (37 CFR § 1 129(a))					
102 80 202 40 Independent claims in excess of 3			149 710 249 355 For each additional invention to be examined (37 CFR § 1 129(b))					
104 270 204 135 Multiple dependent claim, if not paid 109 80 209 40 Reissue independent claims		- 1		•				
109 80 209 40 Keissue independent claims over original patent			179 710 279 355 Request for Continued Examination (RCE)					
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SURTOTAL (2) \$ 232		─	ther fee (specify)					
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F* SUBMITTED BY			Complete (ifi	applicable)				
Name (Pnnt/Type)	John J. Karasek		Registration No (AltomeylAgent) 36,	,182	Telephone	202-404-1552		
Signature		7			Date	4/2/0		

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